

**Itemization Form and Court Order Approving Claim For
Court Interpreter's Fees and Expenses
(To be attached to State Public Defender's Miscellaneous Claims Form)**

INTERPRETER INFORMATION

Name (Please Print): _____

CASE INFORMATION

County: _____ Case Title: _____

Case Number: _____

INFORMATION ON FEES AND EXPENSES CHARGED FOR SERVICES

Date of Service:	Starting Time:	A.M./P.M.	Stop Time:	A.M./P.M.
Date of Service:	Starting Time:	A.M./P.M.	Stop Time:	A.M./P.M.
Date of Service:	Starting Time:	A.M./P.M.	Stop Time:	A.M./P.M.
Date of Service:	Starting Time:	A.M./P.M.	Stop Time:	A.M./P.M.

Itemization of Time Spent on This Case
(to the nearest tenth of an hour)

Waiting time* _____

Time spent interpreting in court _____

Other time (specify) _____

Total time (in hours) charged _____

Itemization of Interpreter Fees & Expenses

Amount charged for interpreting time \$ _____
(Interpreting time X hourly rate)

Mileage expenses \$ _____
(# Miles x \$.24 per mile)

Other charges (specify) _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Amount of Claim \$ _____

Interpreter's Hourly Rate \$ _____

*Waiting time is payable only for actual time between a scheduled court appearance and the actual time of the appearance. Waiting time should be apportioned among all clients to whom services were provided at a given time.

CERTIFICATION

I, the undersigned, certify that the above information is true and correct.

_____ Date: _____

Interpreter's signature

COURT APPROVAL OF CLAIM

On this _____ day of _____, 20_____, the court has duly considered this claim and approves the sum of \$ _____.

Judge's signature